

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213537399</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>TEAMWORK MINISTRIES INTERNATIONAL, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>JOHN N CHACHA</b>  <b>811 BROOKDALE ROAD</b>  <b>PO BOX 4001</b></p> <p><b>MARTINSVILLE, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>MARTINSVILLE CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>10/31/2013</b></p> <p>SCC ID NO: <b>03282266</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 811 BROOKDALE ROAD P O BOX 4001</p> <p style="text-align: center;">CITY/ST/ZIP: MARTINSVILLE, VA 24115</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN N CHACHA  TITLE: PRESIDENT  ADDRESS: PO BOX 4001  CITY/ST/ZIP/CO: MARTINSVILLE, VA 24115 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: JOHN N CHACHA TITLE: PRESIDENT ADDRESS: PO BOX 4001 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24115	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DALE MARTIN  TITLE: CHAIRMAN/DIR  ADDRESS: 8964 CAPITAL HILL RD  CITY/ST/ZIP/CO: WAYNESBORO, PA 17268 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: DALE MARTIN TITLE: CHAIRMAN/DIR ADDRESS: 8964 CAPITAL HILL RD CITY/ST/ZIP/CO: WAYNESBORO, PA 17268	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Regina F. Chacha  TITLE: DIRECTOR  ADDRESS: P.O. Box 4001  CITY/ST/ZIP/CO: Martinsville, VA 24115 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: Regina F. Chacha TITLE: DIRECTOR ADDRESS: P.O. Box 4001 CITY/ST/ZIP/CO: Martinsville, VA 24115	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Creed Taylor DIRECTOR 15 Henry Street Martinsville, VA 24112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Clare Myers DIRECTOR 3 Edgehill Drive Darien, CT 06820	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gerard Hopkins DIRECTOR 1305 Stafford Drive Christiansburg, VA 24073	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Thomas DIRECTOR P.O. Box 3282 Greensboro, NC 27402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bill Motley DIRECTOR 955 Mount Cross Road Danville, VA 24540	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sharon Motley DIRECTOR 955 Mount Cross Road Danville, VA 24540	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN N CHACHA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN N CHACHA, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/12/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			